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CARDIOVASCULAR FLASHLIGHT
Cardiac imaging

Giant left atrial myxoma with mitral valve orifice obstruction

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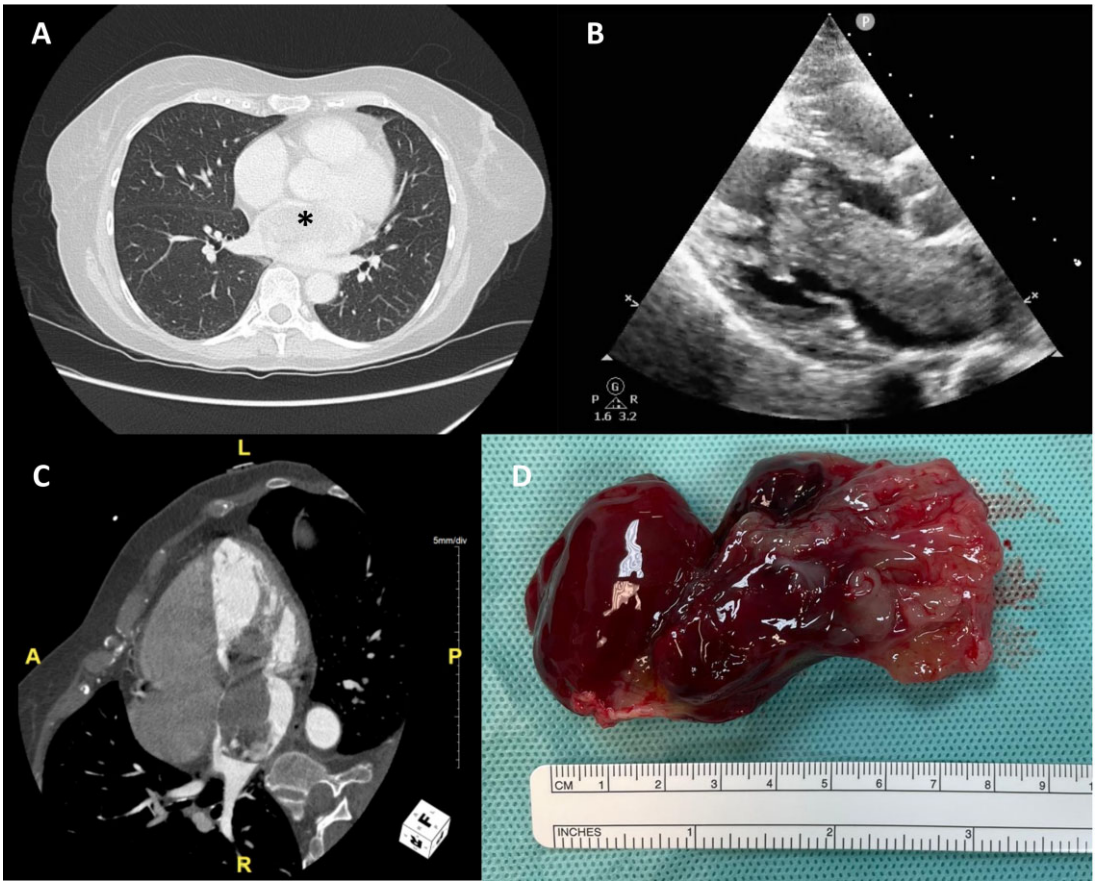
A 62-year-old female, with no significant past medical history, presented with a 3 months history of general malaise. In addition, she had noticed new onset palpitation and dizziness particularly on bending forward.

Examination revealed a loud S1. An electrocardiogram showed normal sinus rhythm (Supplementary material online, *Figure S1*). Blood tests were notable for a microcytic anaemia; haemoglobin of 103 g/L (ref. 120–150 g/L), and raised inflammatory markers;



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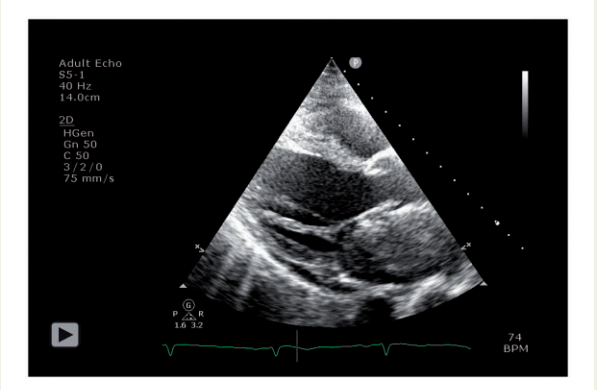
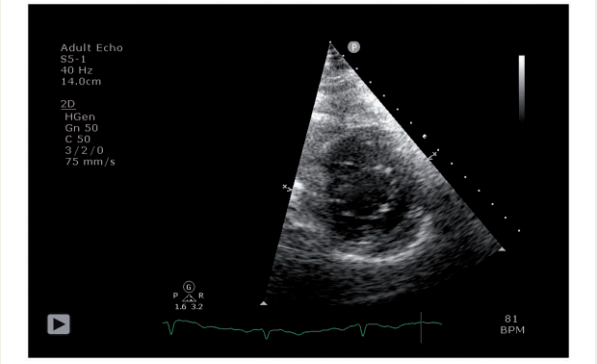
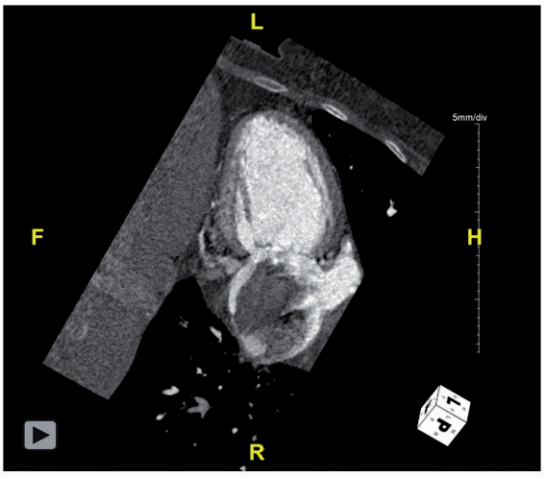


Video 1 Echocardiogram cine in the parasternal long axis view showing the left atrial myxoma prolapsing through the mitral valve into the left ventricle.



Video 2 Echocardiogram cine in the parasternal short axis view showing the left atrial myxoma prolapsing through the mitral valve and obstructing the mitral valve orific.

erythrocyte sedimentation rate of 99 mm/h (ref. <15 mm/h) and a C-reactive protein of 109 mg/L (ref. 0–5 mg/L). An initial contrast computed tomography (CT) identified a filling defect in the left atrium (*Panel A*, asterisk). Subsequent urgent transthoracic echocardiogram confirmed a 8 cm × 4 cm oscillating mass in the left atrium, prolapsing through the mitral valve into the left ventricle with evidence of obstruction of the mitral valve orifice (mean gradient 5.2 mmHg) (*Panel B*, *Videos 1* and *2*). Cardiac CT showed a heterogeneous mass with dystrophic calcification arising from the inter-atrial septum, in keeping with atrial myxoma (*Panel C*, *Video 3*, Supplementary material online,



Video 3 Cardiac CT cine in a two chamber view showing the left atrial myxoma prolapsing through the mitral valve into the left ventricle.

Video S1). The patient underwent emergent surgical extraction of her mass (*Panel D*) with histological examination confirming atrial myxoma.

Here, we report a giant atrial myxoma which, despite large dimensions, caused only mild symptoms. Atrial myxomas are the most common primary cardiac tumour and are benign. They often initially present with non-specific constitutional symptoms, with cardiac complications only occurring later. Complications include thromboembolism and mass effect so surgical resection is generally advised. This case highlights the importance of a high index of suspicion for timely diagnosis of atrial myxomas.

Supplementary material

Supplementary material is available at *European Heart Journal - Case Reports* online.

Consent

The authors confirm that written consent for submission and publication of this case report including images and associated text has been obtained from the patient in line with COPE guidance.

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